



AF/GP1651\$

Please type a plus sign (+) inside this box →



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/733,266																																		
		Filing Date	December 8, 2000																																		
		First Named Inventor	KUO, RICHARD																																		
		Group Art Unit	1651																																		
		Examiner Name	AFREMOVE, VERA																																		
Total Number of Pages in This Submission		13	Attorney Docket Number	STAN-209																																	
<b>ENCLOSURES (check all that apply)</b>																																					
<table border="0"><tr><td><input checked="" type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Assignment Papers (for an Application)</td><td><input type="checkbox"/> After Allowance Communication to Group</td></tr><tr><td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input checked="" type="checkbox"/> Amendment / Reply</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input checked="" type="checkbox"/> After Final</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input type="checkbox"/> Affidavits/declaration(s)</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td>1. Return Receipt Postcard</td></tr><tr><td><input type="checkbox"/> Information Disclosure Statement</td><td><input type="checkbox"/> Request for Refund</td><td></td></tr><tr><td><input type="checkbox"/> Certified Copy of Priority Documents</td><td><input type="checkbox"/> CD, Number of CD(s) _____</td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts/Incomplete Application</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td></td><td></td></tr></table>					<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return Receipt Postcard	<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s) _____		<input type="checkbox"/> Response to Missing Parts/Incomplete Application			<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group																																			
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences																																			
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)																																			
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information																																			
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter																																			
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):																																			
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return Receipt Postcard																																			
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund																																				
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s) _____																																				
<input type="checkbox"/> Response to Missing Parts/Incomplete Application																																					
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53																																					
Remarks																																					
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>																																					
Firm or Individual Name	JAMES S. KEDDIE, Reg. No. 48,920																																				
Signature																																					
Date	March 26, 2002																																				

RECEIVED  
APR 05 2002  
TECH CENTER 1600/2900

<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: March 26, 2002.			
Typed or printed name	Susan M. Alessi		
Signature		Date	March 26, 2002

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

APR 03 2002

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

## Complete if Known

Application Number 09/733,266  
Filing Date December 8, 2000  
First Named Inventor KUO, RICHARD  
Examiner Name AFREMOVE, VERA  
Group Art Unit 1651  
Attorney Docket No. STAN-209

TOTAL AMOUNT OF PAYMENT (\$55.00)

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:

Deposit Account Number 50-0815  
Deposit Account Name Bozicevic, Field & Francis LLP  
☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☒ Applicant Claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

## FEE CALCULATION

### 2. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

### 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
7 -20**	=	X	=
Indep. Claims 3-3**	=	X	=
Multiple Dependent	=	=	=

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$

\*\*or number previously paid, if greater; For Reissues, see above.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examination action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	55.00
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	For each additional invention to be examined (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$55.00)

## SUBMITTED BY

Name (Print/Type) James S. Keddie

Signature

James S. Keddie

Registration No. (Attorney/Agent)

48,920

Telephone

(850) 327-3400

Date

03/26/2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.